

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Computer Readable Form (CRF)?::	NO
Title::	THIAZOLE DERIVATIVES
Attorney Docket Number::	248223US0
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Small Entity?::	NO
Petition Included?::	NO
Secrecy Order in Parent Appl.?::	NO

### INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Akira
Family Name::	Nagashima
City of Residence::	Osaka-shi,
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7 Doshomachi 3-chome, Chuo-ku
City of Mailing Address::	Osaka-shi,
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541 8514

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Takayuki
Family Name::	Inoue
City of Residence::	Osaka-shi,
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi,
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

  

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Mitsuru
Family Name::	Ohkubo
City of Residence::	Osaka-shi,
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi
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Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Kousei
Family Name::	Yoshihara
City of Residence::	Osaka-shi
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

  

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Takashi
Family Name::	Tojo
City of Residence::	Osaka-shi
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: Japan  
 Status:: FULL CAPACITY  
 Given Name:: Masataka  
 Family Name:: Morita  
 City of Residence:: Osaka-shi  
 State or Province of Residence:: Osaka  
 Country of Residence:: Japan  
 Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,  
 City of Mailing Address:: Osaka-shi  
 State or Province of Mailing Address:: Osaka  
 Country of Mailing Address:: Japan  
 Postal or Zip Code of Mailing Address:: 541-8514

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	119(e) of	60/442,509	01/27/03
60/442,509	119(e) of	60/458,369	03/31/03
60/458,369	119(e) of	60/517,377	11/06/03

#### ASSIGNMENT INFORMATION

Assignee Name:: Fujisawa Pharmaceutical Co. Ltd.  
 Street of Mailing Address:: 4-7, Doshomachi 3-chome, Chuo-ku,  
 Osaka-shi  
 City of Mailing Address:: Osaka  
 Country of Mailing Address:: JAPAN  
 Postal or Zip Code of Mailing Address:: 541-8514